



MARTIN O'MALLEY
Governor

ANTHONY BROWN
Lieutenant Governor

T. ELOISE FOSTER
Secretary

DAVID C. ROMANS
Deputy Secretary

Important Information about your State of Maryland Health Benefits
Please do not ignore this Notice of No Payment of Benefit Premium.
Your Required Benefit Deduction INVOICE is Attached on Page 2

Dear State Employee:

Payroll records indicate that you did not earn enough wages in your paycheck to pay for all or part of your health premiums for the pay period ending [date field]. As a result you and your dependents do not have benefits coverage for the period these deductions covered until these premiums are paid. To protect the pre-tax status of the State's health plans, Federal and State law prohibit a lapse in coverage. **Therefore, you must act on this notice immediately** to avoid cancellation of some or all your benefit coverage. Payment for this notice must be postmarked no later than the due date printed on the attached payment coupon.

The breakdown below reflects your premium share plus the State subsidy for benefits for the referenced pay period:

	Plan Name or Coverage Amount	Amount Due
Medical Plan		
Prescription Drug		
Dental		
Personal Accident & Dismemberment		
Term Life		
Spending Account – Health Care		
Spending Account – Dependent Care		
* Total Due		

In certain situations, you may only be responsible for the **employee's** share of the premiums owed. These situations include the following types of leave: Family Medical Leave Act, Leave Bank, job-related accident or injury. The other situation is for transfers/promotions between agencies with no break in service. **If one of these situations applies to you, please contact your Agency Benefits Coordinator immediately.** They will assist you in completing the appropriate paperwork to ensure your benefits premiums are paid appropriately through a retroactive adjustment.

If the above situations do not apply to you, you are responsible for the full amount due which must be received at **the address indicated on the coupon** no later than [date field]. **Failure to pay the total amount for the referenced pay period will result in cancellation of benefits for the remainder of this plan year, even if deductions resume in future pay periods.** If your coverage is canceled, your next opportunity to enroll will be during the next open enrollment period for an effective date of July 1 of the next plan year. You will receive additional no payment notices for each future pay period where insufficient wages prevent premium deductions.

~Effective Resource Management~

301 W. Preston Street, Room 510 • Baltimore, MD 21201

Tel: (410) 767-4775 • Fax: (410) 333-7104 • Toll Free: 1 (800) 307-8283 • TTY Users: call via Maryland Relay

<http://www.dbm.maryland.gov>

If you have terminated State employment, you may be eligible to continue coverage under COBRA. Please see your Agency Benefits Coordinator who will assist you in completing the necessary paperwork. The Employee Benefits Division cannot proceed with COBRA coverage without the required notification from your Agency Benefits Coordinator.

You may disregard this no payment notice ONLY if you are a Retiree, current COBRA member, or on a Leave of Absence without Pay and you are currently paying premium coupons directly to the Employee Benefits Division.

If you have questions regarding this notice, please call our Customer Service Unit at 410-767-4775 and select Option 2 for a Direct Pay Unit representative. Thank you.

Sincerely,

Direct Pay Unit
Employee Benefits Division

No Payment Coupon

Return this portion with your payment by [date field] - Amount Due [amount field]

Agency Code:

SSN:

PPE Date: NP 7

MAKE CHECK PAYABLE TO:
STATE OF MARYLAND
DEPT. OF BUDGET & MANAGEMENT

MAIL TO:
STATE OF MARYLAND, DBM
PO BOX 1516
BALTIMORE, MD 21203-1516

DOE	Plan	Amount

Total amount remitted with this coupon - \$